### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

#### **Facility Information**

Facility Name: BETHANY HOME II (0009190)

Address: 21941 AGATE ROAD, FREDERIC, WI 54837

**License Status: REGULAR** 

Licensed/Certified/Registered 04/09/2001

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History** 

Survey ID: 0095832 End Date: 09/19/2005 Type: ABBREVIATED Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10006369 Served 10/25/2005

Deficiencies Cited Subject Area

88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN

Compliance

Verified Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0092752 End Date: 05/03/2004 Type: ABBREVIATED Purpose: SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009706 Served 05/21/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	09/18/2005	Yes
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION	09/18/2005	Yes
	DISCLOSURE FORM		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	09/18/2005	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	09/18/2005	Yes
88.05(3)(a)	HOME ENVIRONMENT	09/18/2005	Yes
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	09/18/2005	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	09/18/2005	Yes
88.07(2)(e)	ANNUAL HEALTH EXAM	09/18/2005	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	09/18/2005	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	09/18/2005	Yes